

CHARLES RIVER LANDING



Affordable Housing Lottery

88 NEW AFFORDABLE APARTMENTS 1BRs @ \$1,040/mo • 2BRs @ \$1,147/mo

Rent does not include any utilities except water and sewer.

Charles River Landing features 350 residences, 88 of which will be leased at affordable prices to households with incomes below 80% of the area median income. Units will be ready for occupancy following the lottery.

PUBLIC INFORMATION WORKSHOP will be on Tuesday, November 17th at 7 p.m. in the Needham Public Library Community Room.

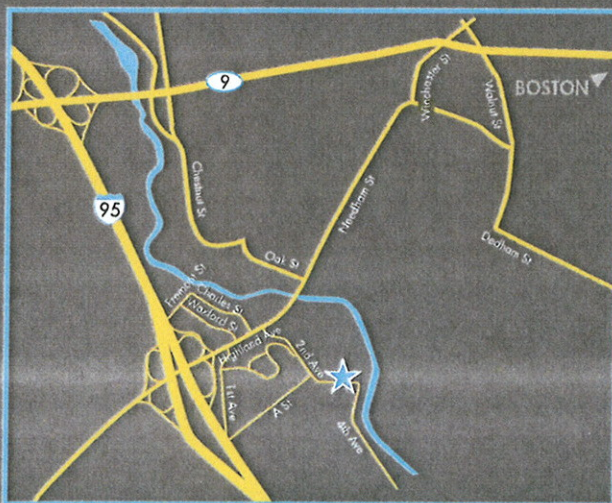
Completed applications and required income documentation must be received, not postmarked, by December 8, 2009.

The Lottery will be held Tuesday, December 15th in the same location.

For lottery information and applications go to www.s-e-b.com/lottery or call 617.782.6900 and leave a message. Applications and information also available at Needham Public Library and the Town Managers Office in Needham Town Hall.

Maximum Income Limits For Households

1 Person	\$46,300
2 Person	\$52,950
3 Person	\$59,550
4 Person	\$66,150



888.285.6558

300 2nd Avenue | Needham, MA 02494

CRlanding.com



Application

(Due by December 8th, 2009)

Charles River Landing

Needham, MA

MAXIMUM Household Income Limits (please see the Information Packet for more details):
\$46,300 (1 person), \$52,950 (2 people), \$59,550 (3 people), and \$66,150 (4 people)

Approximate MINIMUM Household Income Requirements:
\$31,208 to lease a 1-BR unit, \$34,410 to lease a 2-BR unit

Rents are \$1,040 (1 BR) and \$1,147 (2 BR) and do **not** include any utilities.

This is not subsidized housing. Rents do not change based on applicant's income and tenants will be responsible for paying the full rent themselves. Applicants with Section 8 Vouchers should contact their local housing authorities before applying.

Please read the **Information Packet** for more details.

Directions:

This application consists of three sections:

- 1) The Program Application
- 2) The Required Forms and Documentation Workbook
- 3) Additional Forms (*if applicable*)

The first two sections must be filled out entirely in order for your application to be processed. If a question does not apply to you, write "N/A" or cross it out. **LEAVE NOTHING BLANK.**

You must include all income and asset documentation with this application.

You must include all *applicable* forms from Section 3.

Send all applications to:

Affordable Housing Lottery
Re: Charles River Landing
165 Chestnut Hill Ave, Unit #2
Brighton, MA 02135



Applications must be received (not postmarked) by Dec 8th, 2009.
For Questions call (617) 782-6900 and leave a message.

Section 1

The Program Application

Charles River Landing
PROGRAM APPLICATION

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (please circle):

1-Bedroom

2-Bedroom

HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

HOUSEHOLD TYPE (please check one):

- ☐ 4 person household: 1 head-of-household plus 3 members
- ☐ 4 person household: 2 heads-of-household plus 2 members
- ☐ 3 person household: 1 head-of-household plus 2 members
- ☐ 3 person household: 2 heads-of-household plus one member
- ☐ 2 person household: 1 head-of-household plus one member
- ☐ 2 person household: 2 heads-of-household
- ☐ 1 person household: all types

Section 8 (circle yes or no):

Do you currently have a Section 8 Voucher (or similar housing subsidy)? **YES** **NO**

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?
(write your answer in the space provided and please be as specific as possible)

PREFERENCE INFORMATION

You are requested to complete the following **optional** section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
Black or African American			
Hispanic or Latino			
Asian			
Native Hawaiian or Pacific Islander			
Native American or Alaska Native			
Other (not White)			
White/Non-Minority			

For **Local Preference**, check the appropriate box for the following 2 questions:

	YES	NO
Are you or any member of your household a current resident of Needham?		
Are you or any member of your household an employee of the Town of Needham (ex: Needham teacher, janitor, firefighter, police officer or Needham Town Hall employee)?		
Are you or any member of your household an employee of a business located in Needham?		
Are any of your household members attending schools in Needham (ex: Needham public school students and METCO students)		

For **Disabled-Accessible or Hearing-Impaired Preference**, check the appropriate box for the following question.

If you check yes for either, you must provide verification of need in the form of a doctors note or equivalent:

	YES	NO
Are you, or any member of your household, in need of a disabled-accessible unit ? (See page 21 of Information Packet, this is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing)		
Are you, or any member of your household, in need of a unit for the hearing-impaired ? (See page 21 of the Information Packet)		

Instructions for Completing the Following Income Table

- List ALL CURRENT sources of income as requested below for ALL household members over 18 years old.
- Please note that the Income Table is 2 pages and income from Social Security, Pension, interest etc. is all on the second page of the table.
- If you have left a job since January 1, 2008 and are no longer receiving income, do NOT list it in this table.
- For self-employed applicants- include the employer, contract or job name in the space provided.
- "Interest Income" refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- For any section that doesn't apply, cross out or write NA.

In Section 2 of this application, you will be asked multiple questions about your information in the following Income and Asset tables.

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Employer (name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Self-Employed (source name)	
	Child Support/Alimony	
	Child Support/Alimony	
	Periodic payments from family/friends <i>(i.e. rent assistance from family)</i>	
	Periodic payments from family/friends <i>(i.e. rent assistance from family)</i>	
	Other Income (name/source)	

Household Member Name	Source of Income	Current GROSS Monthly Income
	Social Security	
	Social Security	
	Social Security	
	Social Security	
	SSDI	
	SSDI	
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Total Gross Monthly Household Income (TGMHI)	\$ /month
TGMHI x 12 = Anticipated Gross Yearly Household Income \$ /year		

ANTICIPATED CHANGES IN INCOME (please check one)	YES	NO
<p>1. Is your Anticipated Gross Yearly Household Income (written in the last box at the end of the above Income Table) <i>greater than the Allowable Income Limits</i> for a household of your size as specified on the cover page of this Program Application?</p> <p>If YES, please explain why you think your household is still eligible for entrance into this Lottery (ex: upcoming maternity leave, planned change in employment etc.):</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		
<p>2. Are there any planned changes in income over the next 12 months?</p> <p>If YES, please explain:</p> <p><i>All claims made above must be supported with documentation submitted with this application.</i></p>		

ASSETS

If a section doesn't apply, cross out or write NA. You will need to submit detailed bank/balance statements for EVERY ASSET listed here.

	Name on Account	Bank	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 2 years? <i>(You may currently own property but it must be sold before your move-in date.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$

Section 2

The Required Forms and Documentation Worksheet

Please answer each of the following 16 questions, attach all requested documentation, complete all applicable forms, and check all applicable boxes.

Every time you answer “YES”, you MUST submit the requested documentation.

Only send copies of income/asset documentation.
We do not want originals.

Current Employment Questions

1. Is anyone in your household currently employed?
(NOT including self-employment)

How many of the jobs on page 6 of the Program Application are currently being worked? (NOT including self-employment)

For every job listed here you need attach BOTH:

- Copies of the 5 most recent pay-stubs
(If you do not receive pay-stubs you will need to attach a note from the employer on company letterhead stating your tenure and Year To Date amount)
- Attach copies of your 2008 W-2s
(If a job was started after January 1, 2009 make a note next to it on the income table on page 6)

Example of a pay-stub:

Employee Name				SSN	Period End	Check Date	Check No.	Check Amount
Hartman, David S. D.				111-66-7777	10/23/09	11/03/09	208	*****515.40
Description	Hours	Rate of Pay	Earnings	Deductions		Current	Y-T-D	Leave Balance
Reg Pay	8.00	13.65	109.20	Fed Tax		66.35	1,533.67	
Vacation	7.00	13.65	95.55	FICA S.S.		63.50	688.84	
Ben Back	1.00	50.00	50.00	FICA M.S.		9.45	292.50	VACATION 41.20
Ret	7.00	13.65	95.55	FICA S.T.		16.19	688.84	
				Total Tax		00.00	10.00	

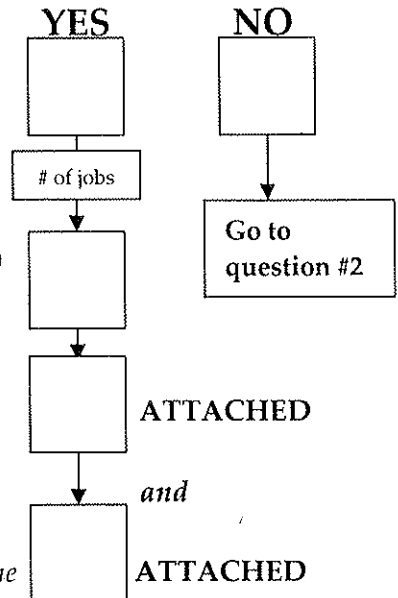
Description	Current	Y-T-D
GROSS PAY	649.73	15,655.48
TOTAL (GROSS PAY)	134.33	
NET PAY	515.40	

SWARTHMORE COLLEGE - Swarthmore, PA. 19081

Example of a blank W-2 (these are provided by your employer for your taxes):

1. Employer's name (and 2008 EIN)		2. Employer's address (street, city, state, ZIP+4)	
3. Employee's name (and 2008 EIN)		4. Employee's address (street, city, state, ZIP+4)	
5. Employee's social security number		6. Employee's date of birth (MM/DD/YYYY)	
7. Employee's federal tax filing status		8. Employee's marital status (Married, Single, etc.)	
9. Employee's gross wages, tips, and other compensation		10. Employee's federal income tax withheld	
11. Employee's state income tax withheld		12. Employee's state income tax	
13. Employee's state income tax		14. Employee's state income tax	
15. Employee's state income tax		16. Employee's state income tax	
17. Employee's state income tax		18. Employee's state income tax	
19. Employee's state income tax		20. Employee's state income tax	

Form W-2 Wage and Tax Statement 2006
Copy A For Social Security Administration - Send this entire page with Form W-2 to the Social Security Administration. Information shown on this page is not acceptable for use in determining eligibility for benefits.
Do Not Cut, Fold, or Staple Forms on This Page - Do Not Cut, Fold, or Staple Forms on This Page



NO

-

Go to
question #3

For **every** source of income listed, regardless of the amount of income received (even just \$1), you need to:

- a) Attach copies of your most recent statements from the source of income.
- b) Attach copies of all 2008 1099s from the source of income (*if received*).

If you do not receive statements (i.e. the amounts are direct deposited), please highlight the deposits in the 3 months checking account statements you must also supply.

ATTACHED

Past Employment Questions

3. Did anyone in your household leave a job between January 1, 2008 and today's date?

For **each** job listed here, regardless of the amount of income received, you need to attach **one** of the following:

- a) Attach a letter from the employer on company letterhead Verifying your last day of employment.
- OR
- b) Attach a copy of the last pay-stub from 2008 along with the matching 2008 W-2. The YTD amount on the pay-stub must match the wages shown on the W-2. (*Only valid for jobs left before December 1st, 2008*)

OR

- c) Complete the "Verification of Terminated Employment" attached on the back of this application in Section 3. Once we have received the form, we will send this form to the previous employer. Verification normally takes an additional 1-2 weeks. Employers may not send these forms back- in which case, you will need to submit 3a or 3b (from above). If you choose to use the attached form, *only fill in the top section! The bottom section must be completed and signed by an authorized company official.*

YES

NO

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of jobs left

Go to question #4

☐☐

ATTACHED

or

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ATTACHED

or

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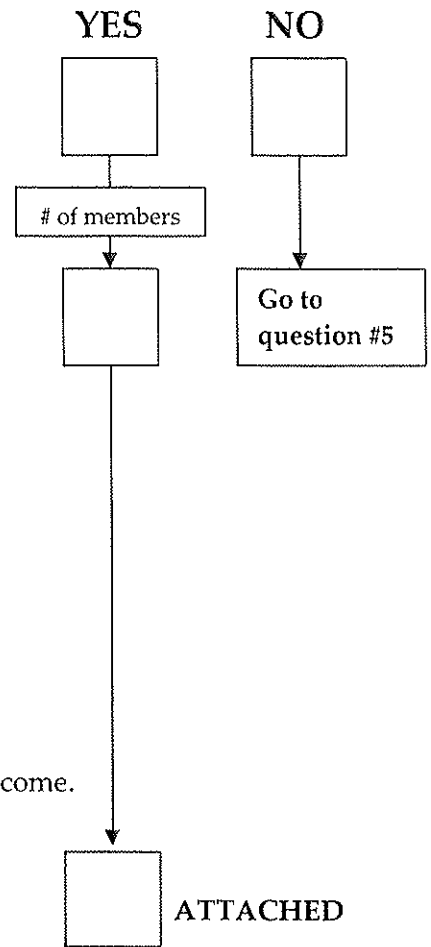
Self-Employment Questions

4. Is anyone in your household currently self-employed?

How many household members are self-employed?

For each self-employed job, complete the attached "Self-Employment Income Affidavit" in the back of this application. Be sure to include (all that apply):

- a) Copies of all 2008 1099s (*or most recent*)
- b) A Copy of Schedule C of your 2008 1040s (*or most recent*)
- c) Copies of current financial statements,
- d) Accountant's statements of Net Business Income
- e) Copies of income receipts
- f) Any other documentation you can provide to corroborate income.

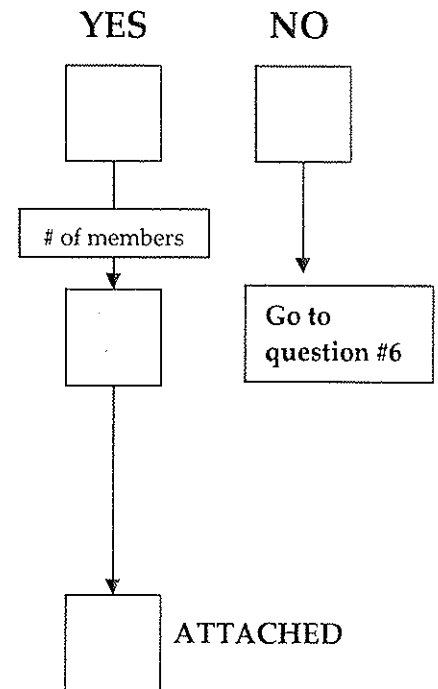


Household Members with No Income

5. Are there any household member over 18 years old that are claiming to currently make zero income?

How many household members over 18 years old are claiming to currently make zero income?

For each one of these household members, complete the "Certification of Zero Income" form attached in the back of this application.



Child Support/Alimony Questions

- 6.** Are you currently receiving child support or alimony
OR are you *legally* entitled to receive child support
or alimony?

If you answered YES *and* you are receiving the amount you are
entitled to receive, you will need to attach **one** of the following:

- a) A copy of your divorce decree or settlement agreement

OR

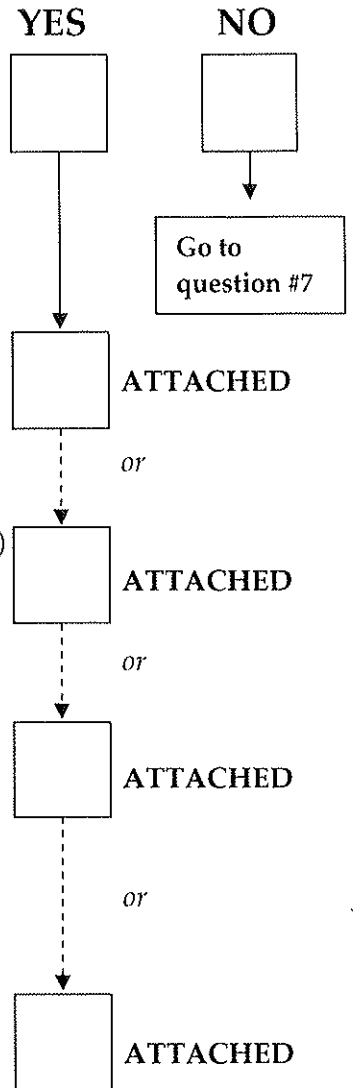
- b) A statement of payments from the Department of Revenue (DOR)
(if they have your payments on record)

OR

- c) 3 detailed checking account statements that show
Child Support/Alimony deposits

If you answered YES *but* you are NOT receiving the amount
you are entitled to receive, you will need to attach:

- d) A copy of your divorce decree, proof a legal claim filed against
the person that owes you money and, if applicable, statements
from the DOR showing payments made
(If you do not show proof of a legal claim, it will be assumed you are
receiving the full amount entitled when determining your eligibility)

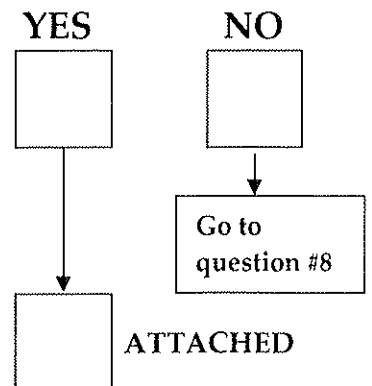


Divorce/Separation Questions

- 7.** Have you been divorced/separated since January 1st, 2008 or
are you currently in the process of getting divorced/separated?

If you answered YES, you will need to attach:

- a) A copy of your divorce decree/separation agreement OR
Proof that you have filed for divorce/separation.



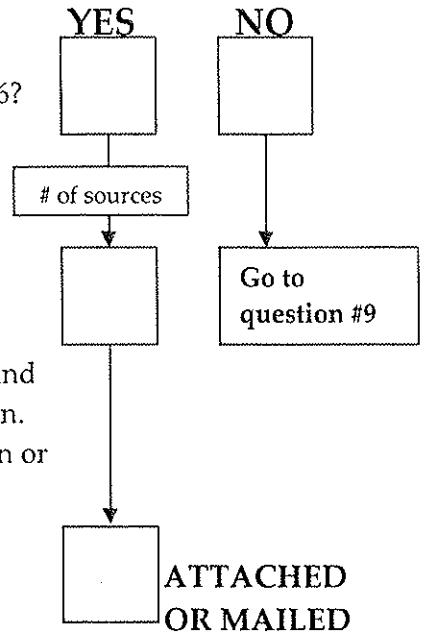
If you have not taken any legal action in filing for divorce or separation, you cannot apply as a single head-of-household. Your partner's income and assets will need to be included in your application.

Periodic Payment Questions

8. Did you list any sources under "Periodic Payments" on page 6?
(i.e. rental assistance from family members or recurring gifts)

How many sources did you list?

Please have your Contributor complete the "Recurring Gifts and Contributions Verification" form in the back of this application. You can either attach the completed form with this application or have your Contributor mail it in.

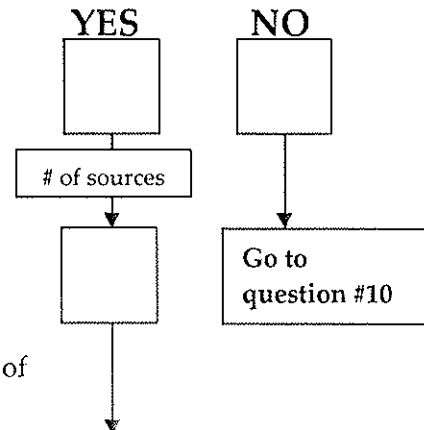


"Other Income" Questions

9. Did you list any sources under "Other Income" on page 6 of Section1?

How many sources did you list?

Please provide all necessary information to verify this source of Income and describe the source here:



Asset Questions

- 10.** How many different Assets did you list on page 9?
(This includes **Net Cash Value of Retirement Accounts**, i.e. the value of your Retirement Account after penalties if you were to withdraw all funds today, Checking Accounts, Savings Accounts, Stocks, Bonds etc.)

For **every** asset listed, REGARDLESS of the amount of money in the account (even just \$1), you need to:

- a) Attach copies of any of your most recent statements from the source of income (for checking accounts, attach **3** detailed statements)
- b) Attach any copies of 2008 1099s (or most recent) or end-of-year statements you may have received from the asset source

of Assets

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Real Estate Questions

- 11.** Do you currently own a home or property?
(Property must be sold prior to move-in)

YES

NO

☐☐

of properties

Go to
question #12

How many different properties/homes do you currently own?

For property you plan on selling you must submit all of the following:

- a) Attach a copy of a broker's opinion of the property
- b) Attach a statement from your lender showing your current balance on your mortgage or outstanding loans

For property you will lose through a divorce:

- a) Attach legal divorce or separation documentation showing that you will no longer be on the mortgage or deed to your house.

A note from your lawyer is not a sufficient replacement for the above.

For property that will be lost through foreclosure:

- a) Attach your notice of foreclosure along with the date on which the home will be foreclosed.
- b) Attach statements from your lender showing your delinquent payments

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Section 8 Questions

- 12.** Are you a Section 8 certificate holder or holder of a housing voucher from a subsidized housing program?

If YES, please **attach a copy of your Section 8 Voucher here.**
(You can get this from your local Housing Authority)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	<div>Go to question #13</div>
<div></div>	
<input type="checkbox"/>	
	ATTACHED

Households with Students

- 13.** Are any household members over 18 years old are currently students or have been students in the past 12 months?

How many?

For each student you need to attach **School Transcripts** for the past 12 months.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<div># of students</div>	<div>Go to the question #14</div>
<div></div>	
<div></div>	
<input type="checkbox"/>	
	ATTACHED

Local Preference Households

14. Are you applying as a Local Preference Household?

YES

☐

NO

☐

Provide proof of Local Preference. The following documentation is acceptable for the following Preference categories:

Current Needham Resident:

- A copy of you current Utility Bill *or*
- A copy of a current lease *or*
- A copy of your voter registration

Employee of the Town of Needham

- Current proof of employment

Employee of a Business located in Needham:

- Proof of business location

Student in the Needham Schools (including METCO students)

- Current school transcripts

Go to the
question #15

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Households with a member with a Disability

15. Is anyone in your household applying as a person that falls under any one of the following 2 categories?

YES

☐

NO

☐

- 1.) In need of a Disabled-Accessible Unit *or*
- 2.) Shall not be required to share a bedroom as the consequence of sharing would be a severe adverse impact on his or her mental or physical health?

Go to the
question #16

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1040 Tax Transcripts for 2008

of members

16.

How many members are in your Household?

EVERY one of your household members should be listed on a 1040 Tax Transcript for 2008 (unless they were not yet born). Be sure to send in all relevant 1040s and be sure to send in every page!

Do NOT send in a copy filled out by hand. If you had a professional prepare your taxes, they will have the transcripts you need. You can also call the IRS at (800) 829-1040 and they can mail or fax you a copy of any of these transcripts.

For each household member that has not filed Taxes nor been on a Tax Transcript in the last year, you must submit a Statement from the IRS showing "NO RECORD" of filing (unless they were not yet born). Please call (800) 829-1040 to request a statement. Only if a member has not filed for approx. 5+ years, will the IRS not be able to provide this statement.

If a household member moved to this country in the past 3 years and does not have 3 years of tax transcripts, you need to also submit proof of his date of immigration.

ALL 1040s ATTACHED

Example of a blank 1040. The 1040s you send in must be complete and computer generated. Do not send in the form you filled out by hand!

1040		U.S. Individual Income Tax Return		05	05																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
For the year Jan. 1-Dec. 31, 2005, or other tax year beginning		2005, ending		05																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Label	Enter transactions on page 13. Use the 1040 label. Otherwise, please print or type.	First name and initial	Last name	Your social security number																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
1	Is a joint return, spouse's first name and initial	First name and initial	Last name	Spouse's social security number																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
2	How do you want to be treated? If you're a P.O. box, see page 10.	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.	Appt. no.	You must enter your SSN(s) above.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
3	Check here if you, or your spouse if filing jointly, want to go to the end here page 13b.	You <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
4	Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately. Enter spouse's SSN above. <input type="checkbox"/> Head of household with qualifying person (see page 17). If a qualifying person is a child, list on your dependent, enter the child's name here. <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17).																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
5	Exemptions	<input type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 5c. <input type="checkbox"/> Spouse. <input type="checkbox"/> Dependents:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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**You and Your Co-Applicant
Must Sign and Date the
Following Page**

**And again, if you have not filed your 2008 taxes, you
must ALSO provide all tax documentation from
2007 (1040s, 1099s, W-2s etc.)**

The information given in this application will be used to check that you are income qualified to be given an *opportunity* to lease an affordable unit in the Town of Needham as part of this program. Entrance into the Lottery does not guarantee you a unit.

THIS IS NOT A LEASE APPLICATION.

THE UNDERSIGNED HEREBY CERTIFY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND CORRECT. THE UNDERSIGNED ACKNOWLEDGE THAT IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE THIS APPLICATION MAY BE REMOVED AT ANY POINT. THE UNDERSIGNED ACKNOWLEDGE THAT THE LEASE OR RESIDENCY AGREEMENT FOR THE UNIT TO BE OCCUPIED BY THE UNDERSIGNED MAY BE SUBJECT TO CANCELLATION IF ANY OF THE INFORMATION ABOVE IS NOT TRUE AND ACCURATE.

THE UNDERSIGNED GIVE CONSENT TO DHCD, THE TOWN OF NEEDHAM AND STOCKARD ENGLER BRIGHAM, LLC TO VERIFY ALL INFORMATION PROVIDED IN THIS APPLICATION.

THE UNDERSIGNED AUTHORIZE THE RELEASE OF INFORMATION NECESSARY IN DETERMINING INCOME AND ASSETS FROM THIRD-PARTY REFERENCES.

Applicant Signature

Date

Co-Applicant Signature

Date

Applications must be *received* (not postmarked) by December 8th, 2009.
Send applications with ALL required documentation to:

Affordable Housing Lottery
Re: Charles River Landing
165 Chestnut Hill Ave, #2
Brighton, MA 02135

For Questions call (617) 782-6900 and leave a message.

Section 3

Additional Forms *(if applicable)*

These are the forms that you only need to complete
if directed to do so in Section 2

Verification of Terminated Employment

To Be Completed By Applicant:

Applicant/Tenant: _____

Soc. Security #: _____

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
Town, State, Zip					
Tel. #		Fax #		email	

To Be Completed By Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____

Total Gross Income paid to employee over the last calendar year employed: _____

Reason for Termination: ☐ Employee Quit ☐ Other _____

Do you anticipate rehiring this employee? ☐ Yes ☐ No If yes, when: _____

Will the employee receive additional paychecks for Workman's Compensation? ☐ Yes ☐ No

If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? ☐ Yes ☐ No

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

Please Fax form to SEB at (617) 782-4500 or mail to: SEB

Re: Charles River Landing
165 Chestnut Hill Ave #2
Brighton, MA 02135-9998

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____

Self-Employment Income Affidavit

Anticipated Self-Employment earnings for this calendar year	\$
Previous year's Self-Employment income	\$

Please attach a current financial statement, accountant's statement of Net Business Income for this calendar year, income receipts, or any documentation you can provide to corroborate the income and earnings stated above.

Also attach a copy of last year's executed tax return including Schedule C.

CERTIFICATION

I certify that the above listed income amounts are accurate and I have provided all of the above requested information.

Signature :	
Print Name:	
Date:	

Certification of Zero Income

(To be completed by adult household members only, if appropriate)

Household Name: _____ Development Name: _____

1. I hereby certify that I have not received income from any of the following sources during the previous 12 months:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Cutco, etc.);
 - j. Any other source not named above.
2. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Recurring Gifts and Contributions Verification

To Be Completed By Applicant:

Applicant/Tenant: _____
Soc. Security #: _____
Property Name: Charles River Landing
Address: _____
Needham, MA

To Be Completed By Contributor:

Please complete the following:

I, (Contributor's Name) _____,
contribute \$ _____ per _____ to the above named household
for the purpose of: _____

Non-Monetary Contributions:

I, (Contributor's Name) _____,

Contribute any of the following on a regular basis:

Gas for the car	\$ _____	Car Payments Directly to Bank	\$ _____
Alcohol	\$ _____	Utility Payments	\$ _____
Cigarettes	\$ _____	Clothing	\$ _____
Diapers	\$ _____	Other	\$ _____
Child Care Payments	\$ _____	NOTE: Food is excluded	

Print Name: _____	Signature: _____
Telephone: _____	Date: _____
Witnessed By: _____	Date: _____
Print Name: _____	

Include this form with the Program Application, fax it to (617) 782-4500 or have the
Contributor mail it to:

The Affordable Housing Lottery
Re: Charles River Landing
165 Chestnut Hill Ave #2
Brighton, MA 02315

--OFFICE USE ONLY--

Date Sent: _____ Date Received: _____

Comments: _____